

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BL		9.6.01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	SR	TC 886	10.17.01
RESPONSE FORMALITY REVIEW	MA	830	03.07.02

INDEX OF CLAIMS

BEST AVAILABLE COPY

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
8	✓
9	✓
10	✓
11	N
12	N
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50	N

Claim	Date
Final	
Original	
51	N
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64	N
65	✓
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69	✓
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72	✓
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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